

Company or Trust in which the Investment is Held

Registered Name(s)

Registered Address

Securityholder Reference Number (SRN)

This form can only be used for Issuer Sponsored Holdings (SRNs).
For Broker Sponsored Holdings (HINs), please contact your broker.



All correspondence and enquiries to:

110 Stirling Highway, Nedlands Western Australia 6009
PO Box 1156, Nedlands Western Australia 6909
Telephone: (in Australia) 1300 113 258
(from overseas) +61 8 9389 8033
Facsimile: +61 8 6370 4203

Suite 8H, 325 Pitt Street, Sydney NSW 2000
PO Box Q1736, Queen Victoria Building, NSW 1230
Telephone: (02) 8096 3502

Website: www.advancedshare.com.au
Email: admin@advancedshare.com.au

CERTIFICATE REPLACEMENT REQUEST – INDIVIDUAL AND JOINT HOLDINGS

Statutory Declaration and Statement Pursuant to Section 1070D of the Corporations Act 2001

Certificated Issuer Sponsored Holdings – ORIGINAL form must be forwarded to the Issuer's Registry.

Use a black pen. Print in CAPITAL letters inside the boxes

A REPLACEMENT OF CERTIFICATE

I/We do solemnly and sincerely declare I am/we are the registered holder(s) of certificate(s) covering:

Description of Securities
(Shares, Options etc.)

Number of Securities held

which has/have been lost or destroyed and has not/have not been pledged, sold or otherwise disposed of. All proper searches have been made for the certificate(s) and if ever found or received by me/us I/we undertake to immediately return the certificate(s) to the security issuer for cancellation.

Certificate Number

Number of Securities held

Certificate Number

Number of Securities held

I/We request the issue of a replacement certificate and in consideration hereby covenant to indemnify and forever keep indemnified the security issuer, the directors and trustees of the security issuer, the security registrar and the directors and officers of the security registrar from and against all losses in respect thereof and all claims, actions, proceedings, demands, costs and expenses whatsoever which may be made or brought against them by reason of compliance with this request.

Contact Name

Telephone Number

Email

B SIGN HERE – This section must be signed and witnessed for your instructions to be executed

I/We authorise you to act in accordance with my/our instructions set out above.

Individual or Securityholder 1

Securityholder 2

Securityholder 3

Sole Director and Sole Company Secretary

Director/Company Secretary

Director

Witness

Witness

Witness

Day

Month

Year

The witness(es) certifies that the person(s) who has/have signed this statement is/are known to them and has/have signed in the presence of the witness with their normal signature(s)

Individual:

This form is to be signed by the securityholder.

Joint Holding:

Where the holding is in more than one name, all of the securityholders must sign.

Power of Attorney:

To sign as Power of Attorney, you must have already lodged it with the registry. Alternatively, attach a certified photocopy of the Power of Attorney to this form.

Companies:

Director, Company Secretary, Sole Director and Sole Company Secretary can sign. Please indicate the office held by signing in the appropriate space.